



Report Identification Number: SY-17-027

Prepared by: New York State Office of Children & Family Services

Issue Date: Dec 07, 2017

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 5 year(s)

Jurisdiction: Tompkins
Gender: Female

Date of Death: 06/22/2017
Initial Date OCFS Notified: 06/27/2017

Presenting Information

On 6/27/17 the death of the 5 yo female SC was reported to OCFS by the Tompkins County Department of Social Services (TCDSS) through form 7065. The SC was playing outside at school on 6/22/17 when she went inside to get a drink of water from the water fountain and she collapsed on the floor. School staff performed CPR and called 911. The SC was transported via ambulance to Cayuga Medical Center where she was pronounced dead at 12:35 PM.

Executive Summary

On 6/27/17, TCDSS notified OCFS of the SC's passing on 6/22/17 through form 7065. TCDSS had an open Family Assessment Response (FAR) case that was received on 6/8/17, with concerns for the hygiene of the 5 yo SC and her twin SS, as well as the unsanitary condition of the home.

The SC was at school on 6/22/17 and she was playing outside when she went inside to get a drink of water from the water fountain and the SC collapsed on the floor. School staff performed CPR and called 911. The SC was transported via ambulance to Cayuga Medical Center where she was pronounced dead at 12:35 PM by the ER physician. The SC had no known pre-existing medical condition and was not ill prior to the incident.

An autopsy was performed by the Onondaga County Medical Examiner's Office. The Cause of death was determined to be occlusion of left main coronary artery due to prolapse of partially adherent aortic valve leaflet and the manner of death was natural.

TCDSS assessed the safety of the SS, ages 12, 11, 7, and 5. The home was assessed prior to the SC's death, and there were concerns for the cleanliness of the home. TCDSS assisted the family in obtaining needed flooring that was installed over the plywood subfloors on 8/26/17. The home was then able to be cleaned and maintained free from safety hazards. After the SC unexpectedly died from an undiagnosed heart condition, the BM contacted the pediatrician and scheduled an appointment for all the SS to be seen and evaluated. The twin SS was diagnosed with a different heart condition than that of the SC, that needed to be monitored by a pediatric cardiologist. The parents and siblings engaged in grief counseling through a community resource. The BM and 12 yo SS also attended weekly counseling through the MH clinic.

The BF of the 12 and 11 yo SS lived in South Carolina and had no contact with the CHN. TCDSS did not speak to him during the case, although he was notified of the open FAR case and he did not respond.

TCDSS assisted the family in rectifying the concerns that led to the opening of the FAR case and the case was closed with no additional service needs identified.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:



- Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The death of the SC was not reported to the SCR.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The decision to close the FAR case was appropriate.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/22/2017

Time of Death: 12:35 PM

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: Tompkins

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: drinking from water fountain

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

**Total number of deaths at incident event:****Children ages 0-18: 1****Adults: 0****Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	5 Year(s)
Deceased Child's Household	Father	No Role	Male	31 Year(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)
Other Household 1	Other Adult - SS's BF	No Role	Male	31 Year(s)

LDSS Response

Upon learning of the SC's death on 6/22/17, TCDSS contacted the school nurse to gather more information. It was learned that the SC was healthy and had no known pre-existing medical condition. The SC was playing outside when she went inside to get a drink from the water fountain because she said her throat hurt. The nurse stated that the SC had already collapsed when she arrived to the scene and she performed CPR until the ambulance arrived.

TCDSS spoke to the LE officer who was investigating the incident, and learned that an autopsy was going to be performed the next day. The officer stated that the ER doctor felt that the SC's death was due to a heart issue and not any wrong doing by the parents.

TCDSS spoke to the BM on 6/23/17 and offered condolences on the SC's death. Also on 6/23/17, TCDSS contacted the OCFS Regional Office by telephone and reported the death of the SC. On 6/24/17, the BM called TCDSS and stated that the ME had ruled the SC's death to be caused by a rare heart disorder, which caused the main artery of her heart to shut down. On 6/27/17, TCDSS notified OCFS of the death of the SC through form 7065.

On 6/28/17 the BM stated that she contacted the pediatrician to schedule testing with a pediatric cardiologist for all the SS to assess for the same heart condition. TCDSS met with the BM and BF on 6/30/17 at the office. The parents stated that when the paramedics arrived at the school they first thought the SC was having an allergic reaction and administered appropriately, but by the time the ambulance arrived at the hospital the SC's heart was not beating and the medical team had worked on the SC for an hour and a half to get a heartbeat.

TCDSS assessed the SS to be safe. The home was assessed prior to the SC's death, on 6/14/17, to be unsanitary with numerous animals in the home, a strong odor of animal waste and plywood subfloors that were dirty and unable to be cleaned. TCDSS assisted the family in reducing the number of animals in the home, and with the assistance of a community advocate, obtained wood flooring and installed it throughout the home on 8/26/17. The family could then clean the floors and maintain no safety hazards in the home. The home was assessed to be clean and free from safety hazards on 10/20/17.

The CHN were seen by a pediatric cardiologist and the twin SS was assessed to have a different heart condition than that of the SC, that required monitoring by a pediatric cardiologist. The family engaged in grief counseling services and the



BM and 12 yo SS also attended weekly counseling through the MH clinic.

TCDSS notified the BF of the 12 and 11 yo SS of the open FAR case. He lived in South Carolina and did not have contact with the SC. That BF had a third daughter who resided with her mother, and had no contact with the SC. That BF did not contact TCDSS and was not spoken to during the case.

TCDSS received the death certificate, final autopsy report, LE records from the incident and spoke to school staff and LE. It was determined that the SC's death was caused by a rare, undiagnosed heart condition and was not suspicious. TCDSS closed the FAR case on 10/26/17, and it was determined that the family had no additional identified service needs.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: Tompkins County does not have an OCFS approved Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Diligent efforts were made to speak to the pediatrician. The SS were not spoken to about the SC's death. An appointment was scheduled to speak to the SS and they would not speak to TCDSS.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.



Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The family engaged in grief counseling through a community resource. The BM and 12 yo SS also attended weekly counseling through the MH clinic.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
 The CHN engaged in grief counseling through a community resource and the 12 yo SS also attended weekly counseling through the MH clinic.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:
 The parents engaged in grief counseling through a community resource and the BM attended weekly counseling through the MH clinic.

History Prior to the Fatality



Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

Was there an open CPS case with this child at the time of death? Yes

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/08/2017	Deceased Child, Female, 5 Years	Mother, Female, 31 Years	Inadequate Guardianship	Far-Closed	No
	Sibling, Female, 5 Years	Mother, Female, 31 Years	Inadequate Guardianship	Far-Closed	
	Deceased Child, Female, 5 Years	Father, Male, 31 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Female, 5 Years	Father, Male, 31 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

SCR report received with concerns for the hygiene of the 5 yo twins and the parents were not taking corrective measures. There was a history of the home being unsanitary with dirt and cat feces, therefore the role of the rest of the CHN was unknown.

OCFS Review Results:

TCDSS appropriately screened the case for the FAR track. TCDSS met all of the FAR regulations and requirements. TCDSS engaged the parents around reducing the number of animals in the home and assisted the family in obtaining wood flooring and had it installed throughout the home so that the family could clean and mop the floors. The SC died unexpectedly during the case. TCDSS assessed the safety of the SS, gathered documentation to determine the cause of death and offered support and bereavement services to the family.

Are there Required Actions related to the compliance issue(s)? Yes No

CPS - Investigative History More Than Three Years Prior to the Fatality

An SCR report was received by TCDSS on 11/24/09 with concerns for I/F/C/S and IG against the BM regarding the 12 yo SS, alleging the SS had poor hygiene and the family moved back and forth between the home and their camper. The case was screened for FAR tracking. The FAR case closed when the family moved to a new apartment.

Known CPS History Outside of NYS

There is no known history outside of New York State.



Preventive Services History

Family Services Intake opened by TCDSS on 5/15/2012 due to a referral made by the school as a result of the CHN having chronic head lice. The family moved and resolved the head lice issue. The case was closed per the client's request on 7/23/2012.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No